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SUBJECT: OFDA VISIT TO SOUTH KIVU

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Summary  
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¶1. (U) This is the first of two communications reporting observations made by the USAID/OFDA DRC team during a three-week visit tourneeto in eastern DRC in February of ¶2006. Discussed here is the team's visit to South Kivu province in early February.

¶2. (U) Traveling to first to Kitutu, in southern South Kivu, the USAID/OFDA team observed that the International Rescue Committees (IRC) was providing a valuable, life-saving service through its program of assistance to local health structures in the provision of primary health care. As this part of IRC's program appeared , however, to be less developed than others, USAID/OFDA expressed a desire to see Kitutu given more attention in the future. Since the area is still plagued by violence associated with the movements of armed groups of Mai- Mai, FDLR and now a vigilante civilian protection militia, it was clear that

this part of South Kivu would have to be considered as remaining in the "emergency" phase for at least another year. Following Kitutu, the team traveled to Baraka and Fizi, also in southern South Kivu, but bordering Lake Tanganyika, to assess changes in the humanitarian situation resulting from three months of "facilitated repatriation" of Congolese refugees formally housed in refugee camps in Tanzania. Reintegration appeared to be going relatively well for those refugees who had arrived after UNHCR had opened offices in Baraka, but the lack of support for all the "spontaneous" returns that had occurred before that was reported as creating tension in the communities. Humanitarian actors who had been working with local populations before the arrival of UNHCR told the team that the lack of coordination of activities had now become a serious problem. The USAID/OFDA-sponsored food security project implemented by Action Against Hunger (AAH) had experienced severe setbacks as a result of a 10-month drought in the area during 2005, but was found to have significantly contributed to the effort to facilitate refugees' return and reintegration. In Bukavu, the team was told that military operations directed against FDLR elements had caused new population displacements in the Mwenga/Kamituga and Bunyakiri areas, but that details were not yet available since humanitarians had largely evacuated these areas, as suggested to them by MONUC, so as not to be in the middle of the fighting. End summary.

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Kitutu  
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12. (U) On February 1, a USAID/OFDA team composed of Disaster Operations Specialist (DOS) Michelle Shirley (Washington), Senior Program Officer Jay Nash (Kinshasa) and Program Officer Victor Bushamuka (Kinshasa) traveled to southern South Kivu to assess the impact of USAID/OFDA-funded activities in the area. The team first visited

KINSHASA 00000444 002 OF 006

Kitutu, 230 kilometers (km) southwest of Bukavu, where USAID/OFDA partner the International Rescue Committee (IIRC) has been providing emergency support to the primary health care system.

13. (U) The town of Kitutu was still under Mai- Mai control at the time of the OFDA team's visit. Local authorities were anxiously awaiting the arrival of "regular" FARDC troops to replace these Mai- Mai, who though all are officially now part of the new national army, have not yet to received any formal induction or retraining. Although some parts of South Kivu have stabilized since the institution installation of the transitional government in June of 2003, Kitutu has not seen dramatic change. The area remains extremely isolated, at the end of a barely passable road from Bukavu which passes first through Mwenga and Kamituga. The road used once to continued southward all the way to Kasongo, in Maniema province, but Kitutu has been completely cut off from population centers to the south since the beginning of the war. Only motorcycles can manage the stretch of this road from Kamituga to Kitutu.

14. (U) Kitutu town was occupied by Rwandan RPF forces during much of the 1998-2003 Congo-Rwanda war, and local priests report having seeing a great deal of very brutal violence during and since that time. Currently, residents of Kitutu, and the many displaced persons from other villages in the area who now live there, can travel out of town only a few kilometers without running the risk of encountering either active FDLR elements or gangs of unfriendly Mai- Mai who will, at a minimum, rob the civilians. Often they also commit acts of violence, including beatings and rape. In recent months, residents of villages in the Kalole area southeast of Kitutu began resisting the Mai- Mai presence by forming a new vigilante

group called "Raia Mutomboki", which is Swahili for "citizen in revolt". The group, which took on several Mai-Mai strongholds brandishing machetes and wearing no clothes at all, was surprisingly successful in pushing the Mai- Mai out of the area.

15. (U) The OFDA team found IRC to be providing a valuable service in supporting the local health structures, who are completely cut off from any other outside support, but nevertheless felt that this part of the IRC project was considerably less developed and had received significantly less attention than the corresponding efforts in Kamituga and Mwenga, which were both visited in previous trips to the area. There are no resident expatriates to oversee the program, and supervision visits from Bukavu appear to have become relatively few and far between. Though this is no doubt partially due to the distance isolation of Kitutu, OFDA Reps asked IRC to work quickly to address the situation.

16. (U) It was clear to the USAID/OFDA team that the Kitutu Health Zone should be considered to still be squarely in the to be in an emergency phase, both because of the

KINSHASA 00000444 003 OF 006

security situation and the relatively low degree of attention it has received from the humanitarian community to date. The community seemed extremely grateful for the IRC intervention, and the health workers told the OFDA reps flatly that without IRC, there would be virtually no health care at all in the Kitutu Health Zone. The team felt that OFDA would need to continue its support to the area for at least the next six months and perhaps considerably longer, depending on the ability of government troops to bring peace and stability to the area.

17. (U) The local health staff impressed the USAID/OFDA team as being remarkably dedicated for professionals living in such a very difficult and remote part of the province. Kitutu used to be part of the Mwenga health zone, but was since last year designated to be its own health zone as part of a country-wide restructuring of the health system last year. There were no doctors and no hospital before, but now there are two young doctors assigned to the zone, and the central health center of Kitutu town has been converted into a small hospital. IRC is assisting the local staff to renovate this health center and to construct a maternity ward.

18. (U) In contrast to their generally positive view of IRC, local officials were less than enthusiastic with regard to the food-security interventions of USAID/OFDA's other partner in the area: Food for the Hungry International (FHI). They complained that FHI did not maintain a presence in Kitutu, and that the seeds that had been delivered had not been well synchronized with the agricultural season and thus had not produced well. USAID/OFDA reps raised this issue with FHI headquarters in Bukavu upon return from Kitutu, but found that FHI's records suggest that seeds were distributed at exactly the right moment. Nevertheless, FHI assured the team that they would conduct a detailed assessment of the results of the project in Kitutu and deliver a full report by the end of March. As health officials were reporting an increase in the number of cases of malnutrition arriving at health centers, USAID/OFDA will ask that FHI explore the territory's experience with fish farming and perhaps, security permitting, and assuming a continuation of the program, suggest that might be included in future proposals.

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Baraka-Fizi  
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¶9. (U) Following the Kitutu visit, the OFDA team returned to southern South Kivu to assess changes in the situation in the Baraka-Fizi area since OFDA Rep Bushamuka's visit to that area in December 2005. With the large number of spontaneous returnees from Tanzania over the past year, and especially the recent "facilitated return" program which UNHCR began in October of 2005, Fizi and Baraka had clearly returned to life, with each day bringing progress

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KINSHASA 00000444 005 OF 006

ration upon arrival at transit camps in Baraka and Kazimia before being transported to selected drop-off sites closer to their home villages. Families judged to be particularly vulnerable are also receiving also tin roofing, wood, and technical support to assist them in building new houses. One the trip, the USAID/OFDA tripteam saw numerous families constructing small houses with materials supplied by Norwegian Refugee Council, ACTED or Tear Fund.

¶13. (U) One weakness of the program is that because of poor road conditions in the area, UNHCR's drop-off points are in many cases still far from the villages which are the returnees' destinations. Because some of the returnees will still have to walk as many as 150 kilometers after being dropped off, a significant percentage reportedly prefer to sell their food and non-food packages rather than take the whole load with them. Another weakness is that, again, due to non-existent infrastructure, health centers which can provide returnees with the 6-months of free health care to which they are entitled, are often located far from the actual home villages.

¶14. (U) A problem cited by International international NGOs who were working in the area before the arrival of UNHCR complain that UNHCR has not been readily sharing information with them as to the eventual destinations of the new arrivals, and has generally not made much of an effort to make sure its activities are well-coordinated with those who already had programs in the area. Coordination is particularly important at the present time because the beginning of the UNHCR facilitated return and the additional funding now available through UNHCR have attracted many new INGOs and NGOs to the area. The more experienced NGOs complain that the many of the newer actors try to work without having a base in the area and without knowing the area well, which leads to duplication of efforts or the disturbance of existing programs. Caritas/Uvira, for example, hurriedly distributed seeds in some communities without first consulting with other actors to see if seed distributions had already occurred in those villages or were already planned by someone else. UNOCHA opened an office in Baraka in July 2005, but to date has had limited success in getting the various actors in the various sectors to come together to discuss their plans in coordination meetings.

¶15. (U) Another problem that "old" International international NGOs are experiencing is that with the arrival of UNHCR and its partners, the intended beneficiaries of some of their programs are "not available" to participate in programs planned to increase food security. ACF AAH reports, for instance, that rather than plant and cultivate, returnees spend all their time running between the various offices which provide assistance of one type or another to make sure they are on any lists of intended recipients. In addition, ACF AAH has found this group of beneficiaries to be difficult to

work with in general, since, after years of living in refugee camps where everything was provided free - including food, education, health care, shelter, etc. - by external actors, they have a particularly strong sense of entitlement to all types of assistance and little inclination to want to participate in programs where the assistance requires effort on their part.

¶16. (U) Finally, the most serious problem for the moment seems to be that few of those refugees who returned before UNHCR set up an office in Baraka in mid- 2005, have received any assistance at all, though they have documents showing that they also came also from the UNHCR-run camps in Tanzania. According to NGOs working in the area, this discrepancy in assistance is creating tension between the groups. Upon return to Kinshasa, OFDA reps raised this question with the head of UNHCR in DRC, who said he was unaware of this situation and would investigate it personally and subsequently provide more information.

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 Military offensives directed against FDLR strongholds  
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17, (U) Although the OFDA team did not spend much time in Bukavu, the South Kivu capital, various humanitarian actors there, including UNOCHA, expressed concern about ongoing FARDC offensives against the Rwandan FDLR elements, particularly in the Mwenga-Kamituga area. MONUC had reportedly asked the FARDC to wait until it had completed a rotation of its peacekeeping troops and would be in a better position to assist with logistics, but the FARDC proceeded anyway, largely, many observers believe, with the political objective of showing both Rwanda and the populations of the Kivus that it was taking a hard line against the FDLR. Unfortunately, FARDC efforts against the FDLR in South Kivu have never had much success even when assisted by MONUC, and humanitarians felt that the latest round of activity had simply resulted in the needless displacement of civilian populations from the affected areas.

¶18. (U) As of February 26, MONUC has again lent logistic support to FARDC anti-FDLR efforts, and the Bunyakiri area has been added to the list of operational zones. A week prior to this new campaign, MONUC had advised humanitarian organizations to pull their personnel from the field for the duration. Most, including USAID/OFDA partners IRC (in Mwenga and Kamituga) and IMC (in Bunyakiri, Kalonge and Hombo) complied with this suggestion, and now have their staffs on standby in Bukavu. Though UNOCHA/Bukavu has reports of the displacement of as many as 10,000 to 12,000 families in the Bunyakiri-Kalonge area, the figures are impossible to confirm since military activity has just been completed is ongoing and the area remains to unsafe for humanitarians to visit.  
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